2020-2021 Veteran Education Benefit Certification Request Checklist

Galveston College
Financial Aid Office
4015 Avenue Q
Galveston, TX 77550

Phone: 409-944-1225
Fax: 409-944-1505
Email: nmontoya@gc.edu

Ch. 30 – Montgomery GI Bill
☐ Current Degree Plan from your Advisor
☐ Receipt of Payment or Financial Aid Award Letter
☐ Certificate of Eligibility
☐ Class Schedule
☐ DD Form 214

Ch. 31 – Vocational Rehabilitation & Employment
☐ Current Degree Plan from your Advisor
☐ Current VA Form 1905
☐ Class Schedule
☐ DD Form 214

Ch. 33 – Post 9/11 GI Bill
☐ Current Degree Plan from your Advisor
☐ Certificate of Eligibility (dated less than 6 months old)
☐ Billing Statement
☐ Class Schedule
☐ DD Form 214

Ch. 35 – Survivors’ and Dependents’ Educational Assistance
☐ Current Degree Plan from your Advisor
☐ Receipt of Payment or Financial Aid Award Letter
☐ Certificate of Eligibility
☐ Class Schedule

Ch. 1606/1607 – Selected Reserve Educational Assistance Program
☐ Current Degree Plan
☐ Receipt of Payment or Financial Aid Award Letter
☐ Notice of Basic Eligibility (NOBE), See your Educational Officer

If you are taking a course at Galveston College to transfer back to your primary school, you will need a Parent Letter, instead of a degree plan. See your Certifying Official at your primary school for details.

It is the policy of Galveston College to provide equal opportunities without regard to age, race color, religion, national origin, gender, disability, genetic information, or veteran status.
# 2020-2021 Veteran Education Benefit Certification Request

<table>
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<tr>
<th>Semester</th>
<th>Fall</th>
<th>Winter Mini</th>
<th>Spring</th>
<th>Second Start</th>
<th>Summer 1</th>
<th>Summer 2</th>
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Last name | First Name | M.I. | Social Security Number
---|---|---|---
Address (include apt. no.) | Date of Birth
---|---
City | State | Zip Code | Phone Number (include area code)
---|---|---|---
Email

Please check one: I am -
- A Veteran
- A Veteran's Child
- A Veteran's Spouse
- Active Duty Spouse

Branch of Service: ___________________________ Time Period: ___________________________

**My specific degree objective is:** ___________________________

I am applying for benefits under:

- Chapter 30 - Montgomery GI Bill
- Chapter 31 - Vocational Rehabilitation and Employment Program
  - *Must provide VR&E Counselors Email:*
- Chapter 33 - Post 9/11 GI Bill Veteran Percentage Rate: ________%
- Chapter 33 - Post 9/11 GI Bill Spouse/Dependent Percentage Rate: ________%
- Chapter 35 - Survivors’ and Dependents’ Educational Assistance
  - *Must provide your VA File Number:*
- Chapter 1606/1607 - Selected Reserve Educational Assistance Program

I am a -
- Returning Student
- New Student (First Semester in College)
- Transfer Student

Last College/University Attended: ___________________________

Please list ALL previous Colleges attended prior to enrolling at Galveston College:

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<th>College or Institution Attended</th>
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***Send ALL Official College transcripts to Galveston College Office of Admissions for evaluation.***

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Are you classified as an Out of State Resident?  □ Yes  □ No
- If yes, be sure to ask about the Intent to Make Texas Permanent Residence waiver.

Are you repeating any courses?  □ Yes  □ No
- If yes, please list the name of the course and a brief statement as to why you are repeating.

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<tr>
<th>Course</th>
<th>Reason</th>
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Have you applied for the Hazlewood Exemption?  □ Yes  □ No
- If no, be sure to ask about the Hazlewood Exemption Application.

Have you been awarded any scholarships that are to be used at Galveston College?  □ Yes  □ No

Certifications are not submitted to the V. A. Office until after the census date to prevent overpayments due to cancelled classes or schedule changes, except for Ch. 33.

I am eligible to receive V. A. educational benefits and request Galveston College to certify my enrollment acceptable to my degree requirements. I understand that I am responsible for the cost of any courses that do not fall within my current degree plan.

I am not repeating any courses previously taken and completed except as permitted by V. A. regulations. I will notify Galveston College Financial Aid Office of any changes to my enrollment, address, status or major.

I assume FULL responsibility for reimbursement of funds to Galveston College or the V. A., should an overpayment occur as a result of certifications. I understand that I am responsible for all charges not covered by the V. A., or other veterans’ benefits, such as the Hazlewood Exemption.

_______________________________  ________________________________
Signature                                          Date

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